

# MINGO COUNTY SCHOOLS – EMPLOYEE ACCIDENT FORM

Report of Accident (*Other Than Automobile*) State of West Virginia

Spending Unit Name: Mingo County Board of Education Employee ID# \_\_\_\_\_

Date of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident \_\_\_\_\_ am. pm.

Person Injured \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_

Extent of Injury \_\_\_\_\_

Was First Aid Given? \_\_\_\_ By Whom? \_\_\_\_\_

Was Person Sent to Hospital? \_\_\_\_ Name of Hospital \_\_\_\_\_

Does Person Plan On Seeking Medical Attention? Yes \_\_\_\_ No \_\_\_\_

Number of Injured \_\_\_\_\_ Did Accident Occur Within Building? \_\_\_\_\_

If Yes, Name of Building \_\_\_\_\_

If No, Describe Activity \_\_\_\_\_

Location of Accident \_\_\_\_\_

Were There Witnesses? \_\_\_\_ If Yes, List Name and Occupation of Witness \_\_\_\_\_

Witness Statement \_\_\_\_\_

Accident Was Investigated By: \_\_\_\_\_

Describe What Happened : \_\_\_\_\_

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_ Principal Signature \_\_\_\_\_

School \_\_\_\_\_ Location Code \_\_\_\_\_

**\*\*\*\*\*NOTE: Please Report All Accidents To The Central Office Immediately!\*\*\*\*\***

Rob Bobbera – fax # 304.235.4771 and Sandy Criddle – fax #304.235.3349

**WAS A LIBERTY MUTUAL CLAIM FORM FILED ON THE EMPLOYEE? \_\_\_\_ Yes \_\_\_\_ No**